



FOSTER FAMILY / ADOPTIVE HOME PREPARATION ASSESSMENT SUMMARY COVER PAGE

State Form 52795 (R2 / 3-07) / CW 2125a
DEPARTMENT OF CHILD SERVICES

Cover page for:	Foster home number
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APPLICANT A	
Name	Date of birth (<i>month, day, year</i>)
Race / cultural heritage <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaskan Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unable to determine* * Choose only when client refuses or is unable to identify race(s).	Ethnicity Hispanic ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
Address (<i>number and street, city, state, and ZIP code</i>)	
Home telephone number ()	Work telephone number ()
Cellular telephone number ()	E-mail address

APPLICANT B	
Name	Date of birth (<i>month, day, year</i>)
Race / cultural heritage <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaskan Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unable to determine* * Choose only when client refuses or is unable to identify race(s).	Ethnicity Hispanic ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
Address (<i>number and street, city, state, and ZIP code</i>)	
Home telephone number ()	Work telephone number ()
Cellular telephone number ()	E-mail address

CHILDREN	RACE	RELATIONSHIP	DATE OF BIRTH (<i>month, day, year</i>)

Dates of contact (<i>month, day, year</i>)

PREPARED BY	
Signature of Family Case Manager	Date (<i>month, day, year</i>)
Signature of supervisor	Date (<i>month, day, year</i>)

FOSTER FAMILY / ADOPTIVE HOME PREPARATION ASSESSMENT SUMMARY SIGNATURE PAGE

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DEPARTMENT OF CHILD SERVICES

INSTRUCTION: This is to be completed after the homestudy.

FOSTER PARENT / ADOPTION APPLICANT(S) COMMENTS

Comments

Signature of foster parent / adoption applicant

Date (month, day, year)

Signature of foster parent / adoption applicant

Date (month, day, year)

PLACEMENT / LICENSING RECOMMENDATION & ADDITIONAL COMMENTS

Comments

Signature of Family Case Manager

Date (month, day, year)

Signature of supervisor

Date (month, day, year)